

EXHIBIT 1
CERTIFICATION OF COMPLETION OF REQUIRED CRIMINAL AND
BACKGROUND CHECKS

The Provider, _____, hereby certifies that it has performed all of the checks as required pursuant to the criminal and background checks procedure set forth in Section 49 [Criminal and Background Checks] of its professional services contract with the Indiana Department of Child Services (DCS.) (EDS# _____) (the "Contract,") including collection of attestations regarding child abuse and neglect or criminal activity. **A list of the Provider's current Covered Personnel that have received the requisite criminal and background checks referenced herein is attached hereto. The list is divided in to two parts, separately showing those who require full background checks, which include Fingerprint-Based National and state checks, from all the rest of the Covered Personnel.** The Provider shall submit this form **with an updated list** annually upon the anniversary date of the Contract. **Reminder:** Covered Personnel who join the Provider after the Contract begins may **not** provide any services for the Provider pursuant to the Contract before the requisite criminal and background checks have been completed unless they are accompanied by other staff who have completed acceptable checks.

The Provider hereby certifies that it has, per Contract requirements:

- _____ *Verified the identity* of all individuals subject to criminal and background checks;
- _____ *Conducted Child Protection Services (CPS) checks* (for Indiana, send DCS an Indiana Request for Child Protection Services History Check form; for other states, see DCS' website on child welfare policies for web link);
- _____ *Conducted Sex Offender checks* (see DCS' website on child welfare policies for web links for national checks);
- _____ *Conducted Local Law Enforcement checks* using the completed and signed Application for Criminal History Background check form;
- _____ *Registered and completed fingerprinting* through the DCS approved fingerprinting vendor and *assured that a fingerprint-based status letter is received* via e-mail for each Covered Personnel; and
- _____ *Reviewed the results* of criminal and civil Background Checks and taken appropriate action per DCS child welfare policy 2.11.

Signature of Provider

Date

Send to: DCS, Deputy Director of Programs and Services
Rm. E 306, MS 47
302 W. Washington St.
Indianapolis, IN 46204--2739